

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesThe American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

☐ Check if different  
than previously  
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00089086

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)(c) 12-Day  
**PRE**-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christina A. Metzler

Signature of Treasurer

Electronically Filed by Christina A. Metzler

Date

0 1

2 6

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOT PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		79391.35
(b) Cash on Hand at Beginning of Reporting Period .....	87313.96	
(c) Total Receipts (from Line 19) .....	17218.31	244292.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	104532.27	323684.22
7. Total Disbursements (from Line 31) .....	12390.04	231541.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92142.23	92142.23
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6750.43	55583.33
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	10430.77	187200.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17181.20	242783.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	17181.20	242783.54
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	37.11	1509.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17218.31	244292.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17218.31	244292.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	280.04	11381.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	280.04	11381.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-2000.00	206000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	50.00
29. Other Disbursements.....	14110.00	14110.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12390.04	231541.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12390.04	231541.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17181.20	242783.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17181.20	242733.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	280.04	11381.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	280.04	11381.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ann Burkhardt

Mailing Address 132 Hope St

City

Bristol

State

RI

Zip Code

02809-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Island Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290718

Amount of Each Receipt this Period

122.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City

Zanesville

State

OH

Zip Code

43701-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zane State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290719

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Thoreson Brockevelt

Mailing Address 46357 309th St

City

Vermillion

State

SD

Zip Code

57069-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The University of South  
Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290723

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

182.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Dennis Clark

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed Occupational  
Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290724

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Sullivan Cleary

Mailing Address 275 Acton Rd

City

Columbus

State

OH

Zip Code

43214-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290726

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy Coster

Mailing Address 4 Harley Ln

City

Foxboro

State

MA

Zip Code

02035-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290727

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Nancy Michelle Daly

Mailing Address 5 Andover Ct

City

South Elgin

State

IL

Zip Code

60177-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed Occupational  
Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290732

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Anne Elizabeth Dickerson

Mailing Address 1806 Planters Walk

City

Greenville

State

NC

Zip Code

27858-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Carolina Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290734

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Kathryn Melin Eberhardt

Mailing Address 142 North Rebecca Street

City

Glenwood

State

IL

Zip Code

60425-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Suburban College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290735

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donna C Flowers

Mailing Address 5406 Northmoor Dr

City

Dallas

State

TX

Zip Code

75229-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys Home Health Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290738

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Christina Sue Griffin

Mailing Address 8016 W Sierra Vista Dr

City

Glendale

State

AZ

Zip Code

85303-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A.T. Still Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290739

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Holly Lynn Hendryx

Mailing Address 1642 Nw 104th Avenue

City

Coral Springs

State

FL

Zip Code

33071-6534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Broward Medical Cen-  
ter

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290741

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Kay Iffland

Mailing Address 1310 N Leavitt St #1

City

Chicago

State

IL

Zip Code

60622-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilbur Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290755

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Georgette R Ireland

Mailing Address 6696 Hidden Lake Trl

City

Brecksville

State

OH

Zip Code

44141-3178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Charity Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290756

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Ann Johnson

Mailing Address 603 Stagecoach Vlg

City

Little Rock

State

AR

Zip Code

72210-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Central Arkansas

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290757

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Michael D Justiss

Mailing Address Apt 204

55 S Harding St

City

Indianapolis

State

IN

Zip Code

46222-4577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290758

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Lynn Kroll

Mailing Address 1528 Chase Blvd

City

Greenwood

State

IN

Zip Code

46142-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthcare Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290759

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Michelle Lee

Mailing Address Apt 736

645 W 9th St

City

Los Angeles

State

CA

Zip Code

90015-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290760

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)**A.**

Full Name (Last, First, Middle Initial)

Gloria R Lucker

Mailing Address Ste 234

2495 Main St

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Optimal Therapy Assoc-  
iates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 27290761

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Janelle Melissa Magee

Mailing Address 429 Church Street

City

Ambler

State

PA

Zip Code

19002-5811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Theraplay, Inc.

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 27290762

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Signian Mcgeary

Mailing Address 106 Sloper Ln

City

Cheshire

State

CT

Zip Code

06410-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quinnipiac Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 27290763

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Lee McLaughlin

Mailing Address 105 Ruth Ellen Court S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290764

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Penelope A Moyers Cleveland

Mailing Address 516 2nd Ave

City

Pleasant Grove

State

AL

Zip Code

35127-1757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Alabama at Birmin-  
gham

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290767

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Monica Lee Robinson

Mailing Address 368 W 6th Ave

City

Columbus

State

OH

Zip Code

43201-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290771

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Beth Rosenfeld

Mailing Address 7274 Gayola Pl

City

Saint Louis

State

MO

Zip Code

63143-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Louis Univ Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290772

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Jeremy Joseph Rush

Mailing Address 1021 21st Street

City

Portsmouth

State

OH

Zip Code

45662-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290773

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Rose Scheerer

Mailing Address Apt 4  
2121 St James Ave

City

Cincinnati

State

OH

Zip Code

45206-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Xavier University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290774

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Victoria Julia Schindler

Mailing Address 819 Berrywood Ln

City

Galloway

State

NJ

Zip Code

08205-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard Stockton College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290775

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Trina Lea Schulz

Mailing Address 4915 Noble

City

Shawnee

State

KS

Zip Code

66226-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Kansas Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290776

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara A Seguire

Mailing Address 1608 Waterford Dr

City

Bowling Green

State

OH

Zip Code

43402-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Owens Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290778

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)**A.**

Full Name (Last, First, Middle Initial)

Ms. Danielle Sue Shuttleworth

Mailing Address 722a Copeland St

City

Pittsburgh

State

PA

Zip Code

15232-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 27290780

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Singleton

Mailing Address 2917 Santa Monica Se

City

Albuquerque

State

NM

Zip Code

87106-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Home Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 27290781

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Linda Coogle Stephens

Mailing Address 2361 Fair Oaks Rd

City

Decatur

State

GA

Zip Code

30033-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 27290783

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jacqueline Rose Webel

Mailing Address Apt 3w

6823 Kingsbury Blvd

City

Saint Louis

State

MO

Zip Code

63130-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

STUDENT of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290784

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen M Weissberg

Mailing Address 115 Beaufort Lane

City

Milford

State

DE

Zip Code

19963-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290785

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Grace Lee Williams

Mailing Address 2355 N Vermont St

City

Arlington

State

VA

Zip Code

22207-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arlington County Public  
Schools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290786

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Georgetta W Piper

Mailing Address 1605 N 81st St

City

Kansas City

State

KS

Zip Code

66112-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Board of Ed

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290815

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott David Nordquist

Mailing Address 11874 Canterbury Dr.

City

Sterling Heights

State

MI

Zip Code

48312-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's Hospital

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290817

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Sheri Montgomery

Mailing Address 313 Herschler Ave

City

Evanston

State

WY

Zip Code

82930-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Uinta County School Dist  
#4

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290819

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Marie Kehm

Mailing Address 6294 W College Ave

City

Greendale

State

WI

Zip Code

53129-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290822

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elaine D Defour

Mailing Address 40285 Tonabee Ct.

City

Sterling Heights

State

MI

Zip Code

48313-4177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27290828

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Janet Elizabeth Stafford

Mailing Address 67 Hackett Hill Rd

City

Manchester

State

NH

Zip Code

03102-8991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Kidz Play Pediatric  
Therapy and We

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 27318896

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

90.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Mrs Deborah Brownell

Mailing Address 4720 Erica Drive

City

North Las Vegas

State

NV

Zip Code

89032-0319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MountainLand

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: 27453178

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Emily A Courtney

Mailing Address Apt 605  
672 Gateway Dr Se

City

Leesburg

State

VA

Zip Code

20175-4053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys Home Health Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 8

Transaction ID: 27453182

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Samia H Rafeedie

Mailing Address Apt 4  
12425 Texas Ave

City

Los Angeles

State

CA

Zip Code

90025-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Southern Californ-  
ia

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 8

Transaction ID: 27453185

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing federal political committee.

C

Name of Employer  
Loudoun County Public Schools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

Transaction ID: 27453191

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Jon Clair Turnquist

Mailing Address 2365 110th St

City

Delmar

State

IA

Zip Code

52037-9333

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. Ambrose University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: 27485615

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Erna Imperatore Blanche

Mailing Address 6409 1/2 Pacific Ave

City

Playa Del Rey

State

CA

Zip Code

90293-7534

FEC ID number of contributing federal political committee.

C

Name of Employer  
Therapy West Inc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

Transaction ID: 27486455

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

496.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Rizkalla

Mailing Address 3 Oak Tree Ln

City

Holmdel

State

NJ

Zip Code

07733-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

Transaction ID: 27486456

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Lynne M Richard

Mailing Address 987 Oakland Ave

City

Plainfield

State

NJ

Zip Code

07060-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kean Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 8

Transaction ID: 27625110

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jane Ellen Olson

Mailing Address 14122 Waters Way

City

New Berlin

State

WI

Zip Code

53151-4563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Mary College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Transaction ID: 27625118

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Chris Pleitner

Mailing Address 8517 Forest Ave

City

Munster

State

IN

Zip Code

46321-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA NW Indiana Rehab Svcs  
Inc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 8

Transaction ID: 27625136

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Susan K Goszewski

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.58

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Transaction ID: 27625195

Amount of Each Receipt this Period

30.42

**C.**

Full Name (Last, First, Middle Initial)

L Diane Parham

Mailing Address 11 Calle Cobre

City

Placitas

State

NM

Zip Code

87043-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of New Mexico

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.94

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

Transaction ID: 27625201

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

160.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Denise Chisholm

Mailing Address 1603 Heritage Drive

City

Pittsburgh

State

PA

Zip Code

15237-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Pittsburgh, Dept  
of OT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: 27625210

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Thomas Hege

Mailing Address 2597 Sacramento Street

City

San Francisco

State

CA

Zip Code

94115-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

Transaction ID: 27625238

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Marie-Collette Noel

Mailing Address 533 Greenwood Ct

City

W Hempstead

State

NY

Zip Code

11552-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manhattan Psychiatric Cen-  
ter

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: 27625410

Amount of Each Receipt this Period

243.33

**SUBTOTAL** of Receipts This Page (optional) .....

658.33

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Christina A Metzler

Mailing Address 2153 California St., NW Apt 405

City

Washington

State

DC

Zip Code

20008-1843

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Occupational Therapy Association

Occupation

Chief Public Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 27634958

Amount of Each Receipt this Period

366.00

**B.**

Full Name (Last, First, Middle Initial)

Donna M Adam Wooster

Mailing Address 28003 Oakachoy Loop

City

Daphne

State

AL

Zip Code

36526-7660

FEC ID number of contributing federal political committee.

C

Name of Employer  
Univ of South Alabama

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27634984

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing federal political committee.

C

Name of Employer  
Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27634986

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

428.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Chris Pleitner

Mailing Address 8517 Forest Ave

City

Munster

State

IN

Zip Code

46321-2120

FEC ID number of contributing federal political committee.

C

Name of Employer  
DBA NW Indiana Rehab Svcs Inc

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27634987

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elaine D Defour

Mailing Address 40285 Tonabee Ct.

City

Sterling Heights

State

MI

Zip Code

48313-4177

FEC ID number of contributing federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27634988

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Katherine Jean Rolo

Mailing Address 204 Cedar Lane Dr

City

Winfield

State

KS

Zip Code

67156-8804

FEC ID number of contributing federal political committee.

C

Name of Employer  
Rehab Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27634998

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 27 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Georgetta W Piper

Mailing Address 1605 N 81st St

City

Kansas City

State

KS

Zip Code

66112-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Board of Ed

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27634999

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Scott David Nordquist

Mailing Address 11874 Canterbury Dr.

City

Sterling Heights

State

MI

Zip Code

48312-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's Hospital

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635000

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Janet M Neely

Mailing Address 1407 Southgate Rd

City

Knoxville

State

TN

Zip Code

37919-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roane State Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635002

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Sheri Montgomery

Mailing Address 313 Herschler Ave

City

Evanston

State

WY

Zip Code

82930-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Uinta County School Dist  
#4

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635005

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Beverly A Meredith

Mailing Address Po Box 353

City

Perry

State

KS

Zip Code

66073-0353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Frances Health Center

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635007

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Jamie Lea McNally

Mailing Address 1479 E 688th Rd

City

Lawrence

State

KS

Zip Code

66049-9123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Health Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635008

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa A Jackson

Mailing Address 320 Susie Dr

City

Winchester

State

TN

Zip Code

37398-2558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys Home Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635012

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Theresa Foley

Mailing Address 212 15th Street South  
Shpb 353 Kathy Foley

City

Birmingham

State

AL

Zip Code

35294-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Alabama at Birmin-  
gham

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635022

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Harriett Smith Bynum

Mailing Address 100 Cottonwood Dr

City

Oakdale

State

PA

Zip Code

15071-1108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kent State University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635027

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Brent Howard Braveman

Mailing Address Unit 3c

1447 W Victoria St

City

Chicago

State

IL

Zip Code

60660-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635028

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Baum

Mailing Address 6314 S Rosebury 3 West

City

Clayton

State

MO

Zip Code

63105-2255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Univ School of  
Medicine

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27635029

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Margaret Arnold

Mailing Address 1119 Maysville Ave

City

Zanesville

State

OH

Zip Code

43701-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zane State College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635061

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Thoreson Brockevelt

Mailing Address 46357 309th St

City

Vermillion

State

SD

Zip Code

57069-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The University of South  
Dakota

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635065

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Burkhardt

Mailing Address 132 Hope St

City

Bristol

State

RI

Zip Code

02809-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Island Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635066

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

David Dennis Clark

Mailing Address 1012 Demorest Mount Airy Hwy

City

Mount Airy

State

GA

Zip Code

30563-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed Occupational  
Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635067

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 32 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Nancy Ellen Clark

Mailing Address 3080 Hecla St

City

Butte

State

MT

Zip Code

59701-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. James Healthcare

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635068

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Sullivan Cleary

Mailing Address 275 Acton Rd

City

Columbus

State

OH

Zip Code

43214-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ohio State Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635069

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy Coster

Mailing Address 4 Harley Ln

City

Foxboro

State

MA

Zip Code

02035-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635070

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Nancy Michelle Daly

Mailing Address 5 Andover Ct

City

South Elgin

State

IL

Zip Code

60177-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed Occupational  
Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635071

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Anne Elizabeth Dickerson

Mailing Address 1806 Planters Walk

City

Greenville

State

NC

Zip Code

27858-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Carolina Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635073

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Donna C Flowers

Mailing Address 5406 Northmoor Dr

City

Dallas

State

TX

Zip Code

75229-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys Home Health Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635076

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 34 / 50

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Christina Sue Griffin

Mailing Address 8016 W Sierra Vista Dr

City

Glendale

State

AZ

Zip Code

85303-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A.T. Still Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635078

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Holly Lynn Hendryx

Mailing Address 1642 Nw 104th Avenue

City

Coral Springs

State

FL

Zip Code

33071-6534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Broward Medical Cen-  
ter

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635080

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Lisa Kay Iffland

Mailing Address 1310 N Leavitt St #1

City

Chicago

State

IL

Zip Code

60622-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilbur Wright College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635082

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Georgette R Ireland

Mailing Address 6696 Hidden Lake Trl

City

Brecksville

State

OH

Zip Code

44141-3178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Charity Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635083

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Ann Johnson

Mailing Address 603 Stagecoach Vlg

City

Little Rock

State

AR

Zip Code

72210-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Central Arkansas

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635084

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Michael D Justiss

Mailing Address Apt 204  
55 S Harding St

City

Indianapolis

State

IN

Zip Code

46222-4577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635085

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Miss Michelle Lee

Mailing Address Apt 736

645 W 9th St

City

Los Angeles

State

CA

Zip Code

90015-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635086

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Lynn Kroll

Mailing Address 1528 Chase Blvd

City

Greenwood

State

IN

Zip Code

46142-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthcare Therapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635087

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Gloria R Lucker

Mailing Address Ste 234

2495 Main St

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Optimal Therapy Assoc-  
iates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635088

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mrs Janelle Melissa Magee

Mailing Address 429 Church Street

City

Ambler

State

PA

Zip Code

19002-5811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Theraplay, Inc.

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635089

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Signian Mcgeary

Mailing Address 106 Sloper Ln

City

Cheshire

State

CT

Zip Code

06410-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quinnipiac Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635090

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Lee McLaughlin

Mailing Address 105 Ruth Ellen Court S

City

Newark

State

DE

Zip Code

19711-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PUMH, Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635091

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

107.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Penelope A Moyers Cleveland

Mailing Address 516 2nd Ave

City

Pleasant Grove

State

AL

Zip Code

35127-1757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Alabama at Birmin-  
gham

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635096

Amount of Each Receipt this Period

62.00

**B.**

Full Name (Last, First, Middle Initial)

Monica Lee Robinson

Mailing Address 368 W 6th Ave

City

Columbus

State

OH

Zip Code

43201-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635100

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Beth Rosenfeld

Mailing Address 7274 Gayola Pl

City

Saint Louis

State

MO

Zip Code

63143-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Louis Univ Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635101

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

168.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Jeremy Joseph Rush

Mailing Address 1021 21st Street

City

Portsmouth

State

OH

Zip Code

45662-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635102

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Victoria Julia Schindler

Mailing Address 819 Berrywood Ln

City

Galloway

State

NJ

Zip Code

08205-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard Stockton College

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635103

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Trina Lea Schulz

Mailing Address 4915 Noble

City

Shawnee

State

KS

Zip Code

66226-9797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Kansas Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635104

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER: PAGE 40 / 50

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara A Seguire

Mailing Address 1608 Waterford Dr

City

Bowling Green

State

OH

Zip Code

43402-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Owens Community College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635105

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Katherine Shaffer

Mailing Address 2243 Valencia Dr

City

Sarasota

State

FL

Zip Code

34239-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635108

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Danielle Sue Shuttleworth

Mailing Address 722a Copeland St

City

Pittsburgh

State

PA

Zip Code

15232-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student of Occupational Therapy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635109

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie Singleton

Mailing Address 2917 Santa Monica Se

City

Albuquerque

State

NM

Zip Code

87106-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Home Health

Occupation

Occupational Therapist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635110

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Linda Coogle Stephens

Mailing Address 2361 Fair Oaks Rd

City

Decatur

State

GA

Zip Code

30033-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Occupational Therapist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635112

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Denise Marie Miller

Mailing Address 12 Faircliff Ct

City

Glendale

State

CA

Zip Code

91206-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GAMC Therapy and Wellness  
Center

Occupation

Occupational Therapist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635113

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

162.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jacqueline Rose Webel

Mailing Address Apt 3w

6823 Kingsbury Blvd

City

Saint Louis

State

MO

Zip Code

63130-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

STUDENT of Occupational Therapy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635114

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen M Weissberg

Mailing Address 115 Beaufort Lane

City

Milford

State

DE

Zip Code

19963-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Endura Care Therapy Mgmt

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635115

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Grace Lee Williams

Mailing Address 2355 N Vermont St

City

Arlington

State

VA

Zip Code

22207-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arlington County Public  
Schools

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27635116

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

Judith Lee Reedy

Mailing Address 6759 Riata Dr

City

Redding

State

CA

Zip Code

96002-9723

FEC ID number of contributing federal political committee.

C

Name of Employer  
Redding MTU

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 27779434

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth W Gray-Nix

Mailing Address 90 Pelham Island Rd

City

Sudbury

State

MA

Zip Code

01776-3132

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed Occupational Therapist

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: 27779967

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca E Argabrite Grove

Mailing Address 41718 Browns Farm Lane

City

Leesburg

State

VA

Zip Code

20176-6026

FEC ID number of contributing federal political committee.

C

Name of Employer  
Loudoun County Public Schools

Occupation

Occupational Therapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: 27779969

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Juliann Thomas

Mailing Address 4464 Meadow Creek Ct

City

Toledo

State

OH

Zip Code

43614-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Toledo

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: 27780332

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Susan K Goszewski

Mailing Address 225 Oregon Rd

City

Cheshire

State

CT

Zip Code

06410-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale New Haven Hosp

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: 27780351

Amount of Each Receipt this Period

30.42

**C.**

Full Name (Last, First, Middle Initial)

Janet Elizabeth Stafford

Mailing Address 67 Hackett Hill Rd

City

Manchester

State

NH

Zip Code

03102-8991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DBA Kidz Play Pediatric  
Therapy and We

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 8

Transaction ID: 27780353

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

210.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAAC)

**A.**

Full Name (Last, First, Middle Initial)

Kathryn Melin Eberhardt

Mailing Address 142 North Rebecca Street

City

Glenwood

State

IL

Zip Code

60425-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Suburban College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: 27863492

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

31.00

**TOTAL** This Period (last page this line number only) .....

6750.43

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 50

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPA)

**A.**

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1491.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: 27468338

Amount of Each Receipt this Period

19.77

interest earned on account

**B.**

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1509.33

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: 27982565

Amount of Each Receipt this Period

17.34

Interest Received on Account

**SUBTOTAL** of Receipts This Page (optional) .....

37.11

**TOTAL** This Period (last page this line number only) .....

37.11

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Council for a Livable World	<b>Transaction ID:</b> 27627521
Mailing Address 322 4th Street, NE	Date of Disbursement
City Washington State DC Zip Code 20002	<div> <div>12</div> <div>18</div> <div>2008</div> </div>
Purpose of Disbursement Tickets to Inaugural Brunch	Amount of Each Disbursement this Period
Candidate Name	1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Tickets to Inaugural Brunch
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Michigan Inaugural Dinner Dance	<b>Transaction ID:</b> 27627662
Mailing Address c/o Hayes & Associates 1320 Old Chain Bridge Road, Suite	Date of Disbursement
City McLean State VA Zip Code 22101	<div> <div>12</div> <div>18</div> <div>2008</div> </div>
Purpose of Disbursement Tickets/Sponsor Inaugural Dinner Dance	Amount of Each Disbursement this Period
Candidate Name	5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Tickets/Sponsor Inaugural Dinner Dance
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) American Association of Nurse Anesthetists	<b>Transaction ID:</b> 27633722
Mailing Address 25 Massachusetts Ave., NW Suite 55	Date of Disbursement
City Washington State DC Zip Code 20001	<div> <div>12</div> <div>22</div> <div>2008</div> </div>
Purpose of Disbursement Tickets for Inaugural Viewing Party	Amount of Each Disbursement this Period
Candidate Name	8000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Tickets for Inaugural Viewing Party
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

14000.00

**TOTAL** This Period (last page this line number only) .....

14000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Smith-Foley

Mailing Address 400 Woodland Ave

City  
Avon By The Sea

State  
NJ

Zip Code  
07717-1141

Purpose of Disbursement  
Void - Avon Occupational Therapy, Inc.

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 27632949

Date of Disbursement

1 2 / 2 2 / 2 0 0 8

Amount of Each Disbursement this Period

-25.00

Void - Avon Occupational  
Therapy, Inc.

**B.**

Full Name (Last, First, Middle Initial)

Susan Smith-Foley

Mailing Address 400 Woodland Ave

City  
Avon By The Sea

State  
NJ

Zip Code  
07717-1141

Purpose of Disbursement  
Original Refund Never Cashed - Reissue of that refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 27632950

Date of Disbursement

1 2 / 2 2 / 2 0 0 8

Amount of Each Disbursement this Period

25.00

Original Refund Never Cas-  
hed - Reissue of that ref-  
und

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

0.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lampson For Congress

Mailing Address P.O. Box 58606

City  
Houston

State  
TX

Zip Code  
77258

Purpose of Disbursement

Void - Lampson For Congress-Check was Never Cashed

Candidate Name

Mr. Nicholas Lampson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 22

**Transaction ID:** 27633112

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

-1000.00

Void - Lampson For Congress-Check was Never Cashed

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Glenn Thompson

Mailing Address 198 Park Road

City  
Howard

State  
PA

Zip Code  
16841

Purpose of Disbursement

Void - Friends Of Glenn Thompson-check lost and never cashed

Candidate Name

Mr. Glenn Thompson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 05

**Transaction ID:** 27812649

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

-1000.00

Void - Friends Of Glenn Thompson-check lost and never cashed

**SUBTOTAL** of Disbursements This Page (optional) .....

-2000.00

**TOTAL** This Period (last page this line number only) .....

-2000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAAC)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
bank fees on account

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 27983012

Date of Disbursement

MM / DD / YYYY  
12 / 18 / 2008

Amount of Each Disbursement this Period

280.04

bank fees on account

SUBTOTAL of Disbursements This Page (optional) .....

280.04

TOTAL This Period (last page this line number only) .....

280.04